

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Nun	nber	KFHI-109			
			First Named Invento	r	Robert LOMBARD			
			COMPLETE IF KNOWN					
			Application Number		10 / 650,023			
<b>.</b>		Odbinitiod ditor initial	Filing Date	Augu	ıst 27, 2003			
□ Declaration Submitted	OR		Group Art Unit					
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
MEAT-CONTAINING, STRIP-SHAPED FOOD PRODUCT AND METHOD OF MAKING SAME											
т '	the specification of which (Title of the Invention)  is attached hereto										
x was filed on (MM/E	08/27/200	)3 as United	d States Applica	tion Number or PCT International							
Application Number 10	/650,023 and wa	as amended on (MM/DD/Y)	YYY)	(if applicable).							
	eviewed and understand the eart specifically referred to abo		ified specificatio	n, including the claims, as							
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 CF	FR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number	(s) Filing Date	e (MM/DD/YYYY)	☐ Additio	onal provisional application							
			numbe	ers are listed on a emental priority data sheet							
			• •	SB/02B attached hereto.							
	l l										

[Page 1 of 2]

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us sign (+) inside this box 

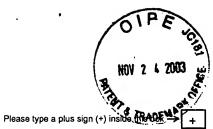
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## DECLARATION Iltility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)					ent Patent N		
Tamas St. 111)													
☐ Additional	U.S. or F	PCT internatio	nal applicat	tion num	bers ar	e listed on	a supp	lementa	I priority data	sheet P	TO/SB/	02B attached h	ereto.
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below													
	Nam	e	_		Regist Num	tration		- Ogioti de	Nan	Registration Number			
Barry I. Hollander 28,566 Warren A. Zitlau 39,085						35							
Additional	registere	f practitioner(	s) named o	n supple	emental	Registere	d Pract	itioner In	formation sh	eet PTO	SB/020	C attached here	eto
□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: □ Customer Number or Bar Code Label													
Name	Barr	arry I. Hollander											
Address	Holla	nder La	w Firm	, P.L	C.			'					
Address													
City		·						ate		ZIP			
Country		Telephone 703 - 383-4800 Fax 703						3 - 383-4804					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:													
Gi	ven Nar	ne (first and	middle [if	any])					Famil	v Name	or Su	mame	
Given Name (first and middle [if any])  Robert  LOMBARD													
tnventor's Signature		Robert & Timbers Date 9/18/							9/18/13				
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Post Office Address 2467 Route 10 E., Apt. 17-2B													
Post Office Address													
City		Morris Plains State NJ ZIP 07950 Country US											
Additional	invento	rs are heind	named o	n the 2	2 5111	nnlement	al Add	litional	nventor(s)	shoot(s)	PTO/	SB/02A attac	had hereto



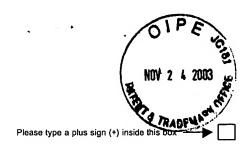
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## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1\_ of \_2

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Sumame						
Kenchu					THAM						
Inventor's Signature	Than							Date	9/	18/03	
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Post Office Address		•	T								
City	Sparta	State	NJ		ZIP	07871	Country	US	3		
Name of Addition	Additional Joint Inventor, if any:									•	
Given Na	Given Name (first and middle [if any]) Family Name of							r Sumame			
H	Haitao NI										
Inventor's Signature	Hata	K	<u> </u>				Dat	te 9//	8/03		
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Post Office Address	17-F Huston Taylor	Court									
Post Office Address						<b></b>					
City	Morris Plains	State	NJ		ZIP	07950 <sub>Country</sub> US			US		
Name of Addition	nal Joint Inventor, if an	y:			A petiti	on has been fil	ed for thi	s unsign	ed inventor		
Given Nar	Given Name (first and middle [if any]) Family Name or Sumame										
	Paul ZIEMBA										
Inventor's Signature	Date 10/20/0							0/03			
Residence: City	Checktowaga State NY Country US Citizenship US							S			
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Post Office Address	14.00										
City	Checktowaga State NY ZIP 44227 Country US							JS			

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]	Family Name or Surname								
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Inventor's Harry Le	vin	e		Date 9/24/03					
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Mailing Address 4D Yacenda Drive									
Mailing Address									
City Morris Plains	State NJ		ZIP 07950 Country US						
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed	for this	s unsigned inventor				
Given Name (first and middle [if any]	)	Family Name or Surname							
Inventor's Signature			Date						
Residence: City	State		Citizenship						
Mailing Address									
Mailing Address									
		1							
City	State	ZIP Country							
Name of Additional Joint Inventor, if a	ny:		A petition has been filed f	or this	unsigned inventor				
Given Name (first and middle [if any]	)	Family Name or Surname							
Inventor's Signature			Date						
Residence: City State			Country	Citizenship					
Mailing Address									
Mailing Address									
City State			ZIP	Co	ountry				

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